



Town of Arlington Board of Selectmen

Meeting Agenda

May 16, 2016

7:00 PM

Selectmen's Chambers, 2nd Floor, Town Hall

CONSENT AGENDA

1. Minutes of Meetings: May 4, 2016; May 9, 2016
2. Request: Farmers' Market Winery Application-Sale of Wine
Lexington Consulting Group, Inc., d/b/a Turtle Creek Winery
Kipton Kumler, PO Box 60, Lincoln, MA 01773
3. Request: Special (One Day) Beer & Wine License, 6/4/16 @ Whittemore Robbins House for a private party
Jessica Fair
4. Request: Annual Greek Festival, June 2, 2016-June 5, 2016
Rev. Dr. Nicholas M. Kastanas, Pastor, St. Athanasius the Great, 4 Appleton Street
 - a) 4-Day Special (One Day) Beer & Wine License
 - b) "One Way" designation of Appleton Place (between Mass. Ave. & Burton St.)
 - c) Acton Place - street closing
5. Request: Use of Jefferson Cutter Lawn, 5/21/16 for Jimmy Fund Fundraiser
AHS Scoops Club, Shivam Rastogi

APPOINTMENTS

6. Tree Warden
Adam W. Chapdelaine, Town Manager
7. Information Technology Advisory Committee
Stephen Revilak
(term to expire 5/2019)

CORRESPONDENCE RECEIVED

Dangerous Dog Hearing Requested
Rachel Sampson, 37 Decatur Street

Next Scheduled Meeting of BoS May 23, 2016



Town of Arlington, Massachusetts

Minutes of Meetings: May 4, 2016; May 9, 2016

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	5.4.16_draft_minutes.docx	draft minutes 5.4.16
▣ Reference Material	5.9.16_draft_minutes.docx	draft minutes 5.9.16

TOWN OF ARLINGTON
BOARD OF SELECTMEN

Meeting Minutes
Wednesday, May 4, 2016
7:00 PM

Present: Mrs. Mahon, Chair, Mr. Dunn, Vice Chair, Mr. Byrne and Mr. Curro.
Also Present: Mr. Chapdelaine, Mr. Heim and Mrs. Krepelka.
Absent: Mr. Greeley.

1. Request: Vote of the Board to Authorize the Town Manager to Execute Contracts for M.W.R.A. Water Bond of \$900,000.00
Stephen J. Gilligan, Treasurer & Collector of Taxes
Mr. Curro moved approval of the following vote:

I hereby certify that the Board of Selectmen, of Arlington, Massachusetts, (hereinafter referred to as the "Awardee"), at the meeting noticed and conducted in accordance with all applicable legal requirements, duly voted, at a meeting of the governing body held on the 4th day of May and duly recorded in office, to authorize the Town Manager to act on behalf of the Awardee, as its agent, in executing agreements and performing any or all other actions necessary to secure for the Awardee financial assistance in the form of interest-free loans for the planning, design, or construction of pipeline projects as may be made available to the Awardee from the Massachusetts Water Recourses Authority.

I hereby certify that Adam W. Chapdelaine is the present incumbent of the position referenced above, and do hereby certify:

1. That said meeting noted above was duly convened and held in all respects in accordance with law and to the extent required by law, due and proper notice of such meeting was given; and a legal quorum was present throughout the meeting, and a legally-sufficient number of members of the governing body voted in the proper manner and for the adoption of said authorization; that all other requirements and proceedings under the law incident to the proper adoption or passage of said authorization, including publication, if required, have been duly fulfilled, carried out, and otherwise observed; and that I am authorized to execute this certificate:
 2. That if an impression of a seal has been affixed below, it constitutes the official seal of the Awardee and this certification is hereby executed under such official seal; but if no seal has been affixed, the Applicant does not have an official seal.
- SO VOTED (3-0)

CONSENT AGENDA

2. Minutes of Meetings: April 11, 2016; April 25, 2016

3. Request: One Day Beer & Wine License, 5/28/16 @ Arlington Town Hall for a private wedding
Jessica Fagnoli and Daniel Rosenthal
 4. Request: Contractor/Drainlayer License
J. White Contracting, Inc., 3 Murray Hill Lane, Andover, MA
 5. Request: Contractor/Drainlayer License
NCCL Enterprises LLC, 21 Water Street, Wakefield, MA
 6. Request: Contractor/Drainlayer License
Tufts Construction, Inc., 209 Mystic Avenue, Medford, MA
- Mr. Byrne moved approval. SO VOTED (3-0)

TRAFFIC RULES & ORDERS / OTHER BUSINESS

Mr. Dunn arrived at this time.

7. Discussion and Vote: STM Article 6 - Minuteman School Building Bond Authorization
Daniel J. Dunn, Vice Chair
Mr. Chapdelaine stated that although building a new Minuteman School is expensive with some risk it is still a safe and appropriate choice to providing education.
Mr. Dunn reported that both the Task Force (8-1) and Finance Committee (10-8) voted favorable action of rebuild versus a no build endorsement.
Mr. Dunn moved favorable action on the Minuteman building and support of the Finance Committee's main motion vote contingent upon the ballot question on the next agenda item.
SO VOTED (4-0)
8. Vote: Authorize Debt Exclusion Questions for June 14, 2016 Special Election Ballot
Daniel J. Dunn, Vice Chair
Mr. Dunn explained that the current school enrollment has grown larger and faster than expected, more than 25%, to 5300 students from 1999-2000 of 4200 students. Projected additional enrollment in the next five years is over 500 students. He further outlined the following steps to be forward to the taxpayers over the coming years:

Step 1 (June 2016) debt exclusions for:

- Thompson School expansion (\$4 million)
- Gibbs renovation (\$25 million)
- AHS feasibility study (\$2 million)
- Minuteman Vocational High School build (\$32 million)

Step 2 (estimated-2018) debt exclusions for AHS rebuild based on the feasibility study and Hardy School expansion; and

Step 3 (estimated-2018/2020) override for operating budgets.

After much discussion the Selectmen unanimously agreed for Step 1 upon the following two votes:

- the ballot question language and order of the three debt exclusion/ballot questions seen below, and
- the date and time of the special election seen below.

Mr. Dunn moved approval of the following ballot question language:

- 1) Shall the Town of Arlington be allowed to exempt from the provisions of Proposition two-and-one-half, so called, the amounts required to pay for the bond or bonds issued for the purposes of paying costs of projects to design, construct, reconstruct, remodel, add to, and originally equip the Thompson School and the Gibbs School and for the payment of all other costs incidental and related thereto?
- 2) Shall the Town of Arlington be allowed to exempt from the provisions of Proposition two-and-one-half, so called, the amounts required to pay for the bond or bonds issued in order to pay the costs of the Arlington High School Feasibility Study/Schematic Design for Arlington High School located at 869 Massachusetts Avenue, Arlington MA?
- 3) Shall the Town of Arlington be allowed to exempt from the provisions of Proposition two-and-one-half, so called, the amounts required to pay for the Town's allocable share of the bond issued by the Minuteman Regional Vocational Technical School District for the purpose of paying costs of designing, constructing and originally equipping a new district school, and for the payment of all other costs incidental and related thereto?

SO VOTED (4-0)

Mr. Dunn moved approval that the date and time of the Special Election be held on June 14, 2016 from 7:00 am to 8:00 pm.

SO VOTED (4-0)

CORRESPONDENCE RECEIVED

No Revision to the Effective Flood Insurance Rate Maps

Patrick Sacbibit, P.E., Federal Insurance and Mitigation Administration, FEMA

Mr. Byrne moved receipt of correspondence.

SO VOTED (4-0)

Mr. Dunn moved that the meeting convene to Town Meeting floor - during Town Meeting which the Board of Selectmen will be in session from 8:00 p.m. until 11:00 p.m.

SO VOTED (4-0)

Next Scheduled Meeting of BoS May 9, 2016.

A true record: Attest

Marie A. Krepelka
Board Administrator

5/4/16

Agenda Item	Documents Used
1.	Request: Vote of the Board to Authorize the Town Manager to Execute Contracts for M.W.R.A. Water Bond, Memorandum from Town Treasurer
2.	Draft minutes April 11, 2016 and April 25, 2016
3.	One Day Beer & Wine License, 5/28/16 @ Arlington Town Hall for a private wedding
4.	Contractor/Drainlayer License – J. White Contracting, Inc.
5.	Contractor/Drainlayer License – NCCL Enterprises LLC
6.	Contractor/ Drainlayer License – Tufts Construction
7.	STM Article 6 - Minuteman School Building Bond Authorization / Arlington Finance Committee Recommendation
8.	Authorize Debt Exclusion Questions for June 14, 2016 Special Election Ballot
Corr. Rec'vd.	No Revision to the Effective Flood Insurance Rate Maps / Patrick Sacbibit

TOWN OF ARLINGTON
BOARD OF SELECTMEN

Meeting Minutes
Monday, May 9, 2016
7:30 PM

Present: Mrs. Mahon, Chair, Mr. Dunn, Vice Chair, and Mr. Byrne.
Also Present: Mr. Chapdelaine, Mr. Heim, and Mrs. Sullivan.
Absent: Mr. Greeley and Mr. Curro.

1. Vote to approve the issuance of a \$900,000 Water Bond of the Town to the Massachusetts Water Resources Authority and to take all necessary action in connection therewith
Stephen J. Gilligan, Treasurer & Collector of Taxes

Mr. Dunn approval of the following vote:

Voted: that the sale of the \$900,000 Water Bond of the Town dated May 16, 2016, to the Massachusetts Water Resources Authority (the "Authority"), as recommended by the Town Treasurer, is hereby approved and the Town Treasurer or other appropriate Town official is authorized to execute on behalf of the Town a Loan Agreement and a Financial Assistance Agreement with the Authority with respect to the bond. The bond shall be payable without interest on May 15 of the years and in the principal amounts as follows:

<u>Year</u>	<u>Installment</u>	<u>Year</u>	<u>Installment</u>
2017	\$90,000	2022	\$90,000
2018	90,000	2023	90,000
2019	90,000	2024	90,000
2020	90,000	2025	90,000
2021	90,000	2026	90,000

Further Voted: that each member of the Board of Selectmen, the Town Clerk and the Town Treasurer be and hereby are, authorized to take any and all such actions, and execute and deliver such certificates, receipts or other documents as may be determined by them, or any of them, to be necessary or convenient to carry into effect the provisions of the foregoing vote.

I further certify that the votes were taken at a meeting open to the public, that no vote was taken by secret ballot, that a notice stating the place, date, time and agenda for the meeting

(which agenda included the adoption of the above votes) was filed with the Town Clerk and a copy thereof posted in a manner conspicuously visible to the public at all hours in or on the municipal building that the office of the Town Clerk is located or, if applicable, in accordance with an alternative method of notice prescribed or approved by the Attorney General as set forth in 940 CMR 29.03(2)(b), at least 48 hours, not including Saturdays, Sundays and legal holidays, prior to the time of the meeting and remained so posted at the time of the meeting, that no deliberations or decision in connection with the sale of the bond were taken in executive session, all in accordance with G.L. c.30A, §§18-25 as amended.

SO VOTED (3-0)

Mr. Dunn moved that the meeting convene to Town Meeting floor - during Town Meeting which the Board of Selectmen will be in session from 8:00 p.m. until 11:00 p.m. SO VOTED (3-0)

A true record: Attest

Mary Ann Sullivan
Selectmen's Office

Next Scheduled Meeting of BoS May 16, 2016

5/9/16

Agenda Item	Documents Used
1.	Vote to approve the issuance of a \$900,000 Water Bond of the Town to the Massachusetts Water Resources Authority and to take all necessary action in connection therewith. / Reference from Town Treasurer



Town of Arlington, Massachusetts

Request: Farmers' Market Winery Application-Sale of Wine

Summary:

Lexington Consulting Group, Inc., d/b/a Turtle Creek Winery
Kipton Kumler, PO Box 60, Lincoln, MA 01773

ATTACHMENTS:

Type	File Name	Description
Reference Material	Ref_Mat_5.16.16Turtle_Creek_Winery.pdf	Farmers' Market Application-Turtle Creek Winery

**APPLICATION BY A FARMER WINERY FOR LICENSE TO SELL AT A
FARMER'S MARKET
(CH.138, §15F)**

YEAR 20

12

RECEIVED
SELECTMEN'S OFFICE
ARLINGTON, MA 02476

2016 APR 32 PM 12:33

1. Licensee Information:

Name of Applicant: <input type="text" value="Lexington Consulting Group, Inc."/>		ABCC License Number: (If Existing Licensee)	<input type="text" value="FW35"/>
Mailing Address: <input type="text" value="PO Box 601"/>	Business Name (d/b/a if different): <input type="text" value="Turtle Creek Winery"/>		
Manager of Record: <input type="text" value="Kipton Kumler"/>	City/Town: <input type="text" value="Lincoln"/>	State: <input type="text" value="MA"/>	Zip: <input type="text" value="01773"/>
Other Phone: <input type="text"/>		Email: <input type="text" value="kip@turtlecreekwine.com"/>	Website: <input type="text" value="turtlecreekwine.com"/>
		Phone Number of Premises:	<input type="text" value="781 259 9976"/>

Contact Person concerning this application (attorney if applicable):

Name: <input type="text" value="same"/>	City/Town: <input type="text" value="same"/>	State: <input type="text" value=""/>	Zip: <input type="text" value=""/>
Address: <input type="text" value="same"/>	Email: <input type="text" value="same"/>		
Contact Number: <input type="text" value="same"/>	Fax Number: <input type="text"/>		

2. Event Information:

A. Farmer's Market licenses are only permitted at events that the Department of Agriculture has certified as Agricultural Events.

Please attach document from Department of Agricultural Resources certifying that this is an agricultural event.

Date(s) of Event:

B. Contact person for applicant during event:

Name: <input type="text" value="Kipton Kumler"/>
Phone number of contact: <input type="text" value="781 259 9976"/>

C. Description of the premises within the Farmer's Market:

Address of Premises for the Sale of Wine:	<input type="text" value="See attached MDAR application"/>		
City/Town: <input type="text" value="Arlington"/>	State: <input type="text" value="MA"/>	Zip: <input type="text" value="02474"/>	Phone Number of Premises: <input type="text" value="781 858 8629"/>

Describe Area to be Licensed:

**APPLICATION FOR LICENSE BY A FARMER WINERY TO SELL AT A
FARMER'S MARKET
(CH.138, §15F)**

3. Existing License(s) to Manufacture, Export and Sell at Retail:

List the license(s) you hold which authorize the manufacture, exportation and retail sale of wine to consumers: (Attach a copy of each license)

Name	License Type	License Address
Lexington Consulting Group, Inc.	Farmer Winery	PO Box 601, Lincoln, MA 01773

4. Are you providing, without charge, samples of wine to prospective customers?

Yes ☒

No ☐

Section 15F specifically requires that "all samples of wine shall be served by an agent, representative or solicitor of the licensee."

A. If yes, please provide names and addresses of all agents, representatives and solicitors:

Name	Address	ABCC License Number
K. Kumler	PO Box 601 Lincoln, MA 01773	FW 35

B. Proof of Age for Sale to Consumers:

Please identify all methods by which you will obtain proof of age before providing samples or making any sales of wine to consumers :

All personnel TIPS certified.

5. Transportation and Delivery:

Please identify in detail all persons or businesses that are licensed under M.G.L. c. 138, §22 that will be making any delivery of wine on your behalf to the Farmer's Market in Massachusetts.

Lexington Consulting Group, Inc.

*If additional space is needed, please use last page.

**APPLICATION FOR LICENSE BY A FARMER WINERY TO SELL AT A
FARMER'S MARKET
(CH.138, §15F)**

6. Safety and Tax Registration:

Has the Farmer's Market registered with the Food and Drug Administration? Yes ☒ No ☐ Registration Date: 12/2003

7. Disclosure of License Disciplinary Action:

Have any of the your licenses to sell alcoholic beverages ever been suspended, revoked or cancelled?

Yes ☐ No ☒


If yes, list said interest below:

Date	License	Reason why license was Suspended, Revoked or Cancelled

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that, I have filed all state tax returns and paid all state taxes required under law. I further understand that each representation in this application is material to the determination of the application and state under penalty of perjury that all statements and representations therein are true.

Note: The LLA may require additional information.

Signature



Title

President

Date

04/28/16

The Commonwealth of Massachusetts Department of the State Treasurer

Certificate Number 604



License Number FW-35

Alcoholic Beverages Control Commission *Hereby Grants a* FARMER-WINERY LICENSE

To: The Lexington Consulting Group, Inc. Kipton C. Kumler, General Manager
Business Address: 28 Beaver Pond Road, Lincoln, MA, 01773

On the following described premises: (One story cement building; approx. 319 square feet 39' x 21', basement; four entrances and exits.)

This license authorizes the above-named holder: (1) to produce, rectify, blend, or fortify from fruits, flowers, herbs or vegetables wine containing not more than 24 per cent of alcohol by volume at 60 degrees Fahrenheit; and, (2) to sell wine or winery products: (a) at wholesale to any person holding a valid wholesaler's and importer's license under section 18; (b) at retail or wholesale to a person in a state or territory in which the importation and sale of wine is not prohibited by law; and, (c) at wholesale to a person in any foreign country.

This License is subject to the following conditions

1. The licensed premises and all books, records and other documents relating to the business authorized to be conducted under this license shall be subject to inspection at any time by any member of the Commission or any duly authorized agent thereof.
2. Alcoholic beverages shall not be kept or exposed for sale on premises other than those described in this license.
3. Alcoholic beverages shall not be sold delivered or furnished to any person under twenty-one years of age; or delivered by any person under eighteen years of age
4. Sales and deliveries hereunder are authorized between the hours of 8:00 o'clock AM and 11:00 o'clock PM only.
5. The above-named holder must obtain a license issued under M.G.L. c. 138 § 19F to sell at retail by the bottle to consumers, for consumption off the winery premises.

IN WITNESS WHEREOF, the undersigned have hereunto affixed their official signatures this 1/1/2016

2016

This License will expire 12/31/2016 unless otherwise suspended or revoked during this period.

Chairman

Elizabeth Lashway, Commissioner

Kathleen McNally, Commissioner

This license is issued conditionally and subject to the fact that there exists no breach of any condition of any previous license or violation of any law of the Commonwealth under any previous license and this license shall be subject to revocation, cancellation, modification or suspension for any such breach of condition or violation of law.

THIS LICENSE SHALL BE DISPLAYED ON THE PREMISES IN A CONSPICUOUS PLACE WHERE IT CAN BE EASILY READ.

Revised 4/23/2007

FEE \$22.00

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lt. Governor

MATTHEW A. BEATON
Secretary

JOHN LEBEAUX
Commissioner

April 25, 2016

Turtle Creek Winery
Kip Kumler
PO Box 61
Lincoln, MA 01773

Re: Certification of Agricultural Event Pursuant to M.G.L. c. 138, Section 15F

Dear Mr. Kumler:

Please be advised that your application for certification of the Arlington Farmers' Market, on Wednesdays from June 8th 2016 to October 26th 2016, from 2:00 pm to 6:30 pm as an agricultural event pursuant to M.G.L. c. 138, Section 15F has been approved.

Please remember that, upon certification of an agricultural event by MDAR, the farm-winery must submit a copy of the approved application to the local licensing authority along with the application for obtaining a special license from the city or town in which the event will be held. Upon issuance of a special license, the winery should confirm that a copy of the special license was sent by the local licensing authority to the Alcoholic Beverages Control Commission (ABCC) at least seven (7) days prior to the event.

Sincerely,

A handwritten signature in black ink, appearing to read "John Lebeaux", written over a horizontal line.

John Lebeaux, Commissioner

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



Application for Certification of an Agricultural Event for the Sale of Wine

Pursuant to M.G.L. c. 138, Section 15F

*To be completed by the licensed farm-winery and returned to:

By Mail: Agricultural Event Certification Program, 251 Causeway Street, Suite 500, Boston, MA 02114

By Email: Rebecca.Davidson@State.ma.us with the subject line "Agricultural Event Certification"

(A separate application must be completed for each event)

In order for your application to be considered complete, you must include the following documents. Incomplete applications will not be accepted.

- ☒ Signed and dated application with farm-winery license number
- ☒ List of vendors with brief descriptions of products for current year/season
- ☒ Event operational guidelines or rules for current year/season
- ☒ Resume of event manager or description of experience
- ☒ Plan depicting the premises and specific location where the license will be exercised. See Template 1.
- ☒ Approval letter from event management including the name of the licensed farm-winery and the day(s), month and year of event. See Template 2.

1. Applicant Information

Name of Licensed Farm-Winery	Turtle Creek Winery				
Farm-Winery License Number	FW-35	State of Issue	MA		
Contact Person	Kip Kumler				
Address	PO Box 601				
City	Lincoln	State	MA	Zip	01773
Phone Number	781 259 9976	Email	kipk@me.com		
Correspondence preference	<input type="checkbox"/> Regular Mail		<input checked="" type="checkbox"/> Email		
<i>Note: Approval/denial letters will be sent regular mail.</i>					
Do you intend to sell, sample, or both? Check all that apply.					
<input checked="" type="checkbox"/> Sell		<input checked="" type="checkbox"/> Sample			

2. Event Information

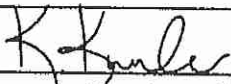
Name of Agricultural Event	Arlington Farmers Market				
Type of Event	<input type="checkbox"/> Agricultural Fair (as defined by MDAR policy)	<input checked="" type="checkbox"/> Farmers Market (as defined by MDAR policy)	<input type="checkbox"/> Other Agricultural Event		
If you selected "Other Agricultural Event", how does this event promote local agriculture?					
Event Address	Russell Commons Municipal Pkg Lot at Mystic St / Winslow St				
City	Arlington	State	MA	Zip	02474
Event Phone Number	781 858 8629	Event Website	farmersmarketarlington.org		

3. Event Description			
What are the date(s) and time(s) of the event?			
Start date	06 / 8 / 2016	End date	10 / 26 / 2016 Time 2 pm - 6:30 pm
Month	Day	Year	Month Day Year
If this is a weekly event, on what day of the week does the event occur? Wednesday			
If the event is an agricultural fair, does the event include competitive agriculture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Is the event sponsored or run by an agricultural/horticultural society, grange, agricultural commission or association whose primary purpose is the promotion of agriculture and its allied industries?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	If yes, identify:		
4. Event Management			
Name of Event Manager	Patsy Kraemer		
Email Address	85 Columbia Rd, Arlington	Phone Number	781 858 8629
Is this person the on-site manager?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, identify on-site manager (include contact information):			
If there are multiple managers, list them and include contact information:			
Attach on-site manager(s) resume(s) <u>or</u> list any credentials or training of the on-site manager(s): <i>Relevant credentials include, but are not limited to, experience as a market manager, attendance at any market manager workshops, and experience with other agricultural events.</i>			

List or attach any credentials for training of the on-site manager (Attach resume if applicable):

4. General

Please attach or provide in the space below a plan depicting the premises and the specific location where the sale of wine will occur at the event as well as a detailed narrative of your plan operations (including the opportunity for sampling or sales only):



Signature of Applicant

04/20/16

Date

FW35

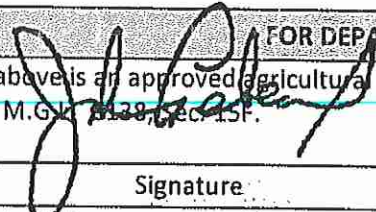
Farm-Winery License Number

MA

State

FOR DEPARTMENT USE ONLY:

The event listed above is an approved agricultural event by the Massachusetts Department of Agricultural Resources under M.G.L. c. 133, Sec. 15F.


Signature

4/25/16

Date

The event listed above is not approved as an agricultural event by the Massachusetts Department of Agricultural Resources for the following reason(s):

Signature

Date



Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 6/4/16 @ Whittemore Robbins House for a private party

Summary:

Jessica Fair

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Fair_Special_License_app..pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: *Jessica Fair*

Address, phone & e-mail contact information: 5 Sherwood Drive Bedford, MA 01730; 508-397-3226; *Jessica.fair2@gmail.com*

Name & address of Organization for which license is sought: **Bat Mitzvah Celebration**

Does this Organization hold nonprofit status under the IRS Code? ____ Yes __X__ No

Name of Responsible Manager of Organization (if different from above):

Address, phone & e-mail contact information: _____

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? __No__ If so, please give date(s) of Special Licenses and/or applications and title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what location? *No; One time event*

24-Hour contact number for Responsible Manager on Event date: *Jessica Fair- 508-397-3226*

Title of Event: *Fair Bat Mitzvah*

Date/time of Event: *June 4, 2016/ 2:30pm-10:00pm*

Location of Event: *Whittemore Robbins House*

Location/Event Coordinator: *Victoria Rose*

Method(s) of invitation/publicity for Event: *Invitation in Mail*

Number of people expected to attend: *45 guests*

Expected admission/ticket prices: ____N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): _____ N/A

Will persons under age 21 be on premises? **Yes 15 – 7-13 year olds.**

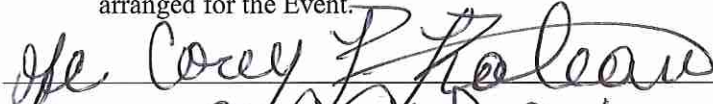
If “yes,” please detail plan to prevent access of minors to alcoholic beverages. **Tips Certified Bartender will monitor the bar and follow the rules of certification.**

Have you consulted with the Department of Police Services about your security plan for the Event?
Yes _____

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant’s security plan, and any necessary police details have been arranged for the Event.

 Date 5/6/16
Det. Corey P. Roane
Printed name/title

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.) **Beer and Wine**

What types of food and non-alcoholic beverages do you plan to serve at the Event? **Appetizers: Spiced skewered chicken, Mini Caprese salad bites, Cheese Platter with assorted crackers, Latkes, Mozzarella Sticks, Main Course: Pecan Crusted Chicken, Braised Beef Brisket, Penne with Marinara, Roasted Potatoes, Green Beans, Rolls, Water, Juice, Soda.**

Who will be responsible for serving alcoholic beverages at the Event? **Beaujolais Caterer and Bartender Michael Milan.**

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.
TiPS Certification

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Michael Milan – DOB October 4, 1952.

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) ***Atlas Liquors Inc. 156 Mystic Avenue Medford, MA 02155***

Date of Delivery: ***June 4, 2016***

Alcohol Serving Time (s): ***4:30pm-8:30pm***

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

Opened bottles will be taken by client and Atlas Liquors will pick up unused beverages.

Date of Pick-Up: ***June 6, 2016***

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) ***Liability form and TiPs Certification attached***

**Please submit this completed form and filing fee to the Board of Selectmen
at least 21 days before your Event. Failure to provide complete
information may delay the processing of your application.**

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: ***Jessica Fair***

Printed name: Jessica Fair

Printed title & Organization name: Bat Mitzvah Celebration

Email: **Jessica.fair2@gmail.com**

Jessica Fair
5 Sherwood Drive
Bedford, MA
508-397-3226

April 27, 2016

SECURITY PLAN for Bat Mitzvah at the Whittemore Robbins House on June 4, 2016

This event is a Bat Mitzvah.

The event is scheduled for Saturday, June 4, 2016, 2:30 pm to 10:00 pm at the Whittemore Robbins House.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 30 adults and 15 children between the ages 7-13 years to attend. The menu includes appetizers, dinner and dessert and beverage service for beer, wine, water, juice and soda.

Beaujolais Catering will provide the bartending staff. The bartender is T.I.P.S certified. All rules regarding alcohol beverage service will be followed as understood from T.I.P.S Certification training by the bartender. Bar service will begin at 4:30 and end at 8:30pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Jessica Fair will be the responsible manager for this event. Beaujolais' manager, staff and bartender will handle food and beverage service. All will be responsible for ensuring that the event runs smoothly.

Please advise if there are other items that we need to consider.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/26/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue Malden MA 02148		CONTACT NAME: Commercial Lines PHONE (A/C, No, Ext): (781) 322-2350 E-MAIL ADDRESS: FAX (A/C, No):	
INSURED Michelle C Noska, DBA: Beaujolais Catering 9 Chestnut St. Wakefield MA 01880		INSURER(S) AFFORDING COVERAGE INSURER A: Peerless Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL154820553

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		BKS56554619	4/9/2016	4/9/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY		BKS56554619	4/9/2016	4/9/2017	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder named as Additional Insured

CERTIFICATE HOLDER

Town Arlington
730 Mass Avenue
Arlington, MA 02474

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

J S Scholnick/SJG

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ACORD 25 (2014/01)
INS025 (2014/01)

The ACORD name and logo are registered marks of ACORD

becomes lost, damaged or stolen.

TIPS
eTIPS On Premise 2.0 SSN: XXX-XX-XXXX
Issued: 1/11/2018 Expires: 1/11/2019
ID#: 4153891 D.O.B.: XXXXX-XX-XXXX

Michael J. Miller
19 Oak Ter
Malden, MA 02148-1100

For service visit us online at www.gettips.com

successfully completing the TIPS (Training for Intervention Procedures) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.

We will help to provide a safer environment for your patrons, peers and/or ourselves by using the techniques you have learned and taking a positive approach towards alcohol use.

If you have any information you think would enhance the TIPS program, or if you need assistance in any way, please contact us at 703-524-1200. Thank you for your dedication to the responsible sale and consumption of alcohol.

Sincerely,



Adam F. Chafetz
President, HCI



Town of Arlington, Massachusetts

Request: Annual Greek Festival, June 2, 2016-June 5, 2016

Summary:

Rev. Dr. Nicholas M. Kastanas, Pastor, St. Athanasius the Great, 4 Appleton Street

- a) 4-Day Special (One Day) Beer & Wine License
- b) "One Way" designation of Appleton Place (between Mass. Ave. & Burton St.)
- c) Acton Place - street closing

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Saint_Athanasius_ref.pdf	Festival Request from Rev. Nicholas Kastanas, Special License Application packet



The Metropolis of Boston

Saint Athanasius the Great

Greek Orthodox Church | Arlington, Massachusetts



May 3, 2016

Dear Selectmen,

Our annual Greek Festival will be celebrated this year on Thursday, Friday, Saturday, and Sunday, June 2, 3, 4 & 5 2016 on our campus at 4 Appleton Street. Please accept our request (via this letter) for the following:

- Permission to serve wine and beer at our 4-day Festival 2016 event. The wine and beer booth will be strictly monitored and supervised by our Bar Manager, Mark Ypsilantis, and President of our Parish Council, Constandinos Ioakimidis. We've attached a completed Special License Application Packet with this request along with the \$125 fee and insurance documents covering the Town and Church.
- We ask for the authorization that Appleton Place, between Massachusetts Avenue and Burton Street, be designated a "One Way Street" heading up towards Burton Street, including the closing of Acton Place. This was put into practice the last several years during the festival, proving to be very successful in controlling traffic flow and alleviating congestion. We plan to have the appropriate police detail to further assist with matters in this area.

We are grateful for your ongoing support and look forward to welcoming you at our Annual Greek Food Festival!

Rev. Dr. Nicholas M. Kastanas
Parish Priest/Pastor

Faithfully,

Constandinos Ioakimidis
President-Parish Council

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: _____ Dean Ioakimides - President, Parish Council _____

Address, phone & e-mail contact information: 4 Appleton St. Arlington, MA; cell: 781-844-8159;
email: Dean@steveandsonsinc.com _____

Name & address of Organization for which license is sought: __ St. Athanasius The Great __
__ Greek Orthodox Church; 4 Appleton Street, Arlington Ma 02474 __

Does this Organization hold nonprofit status under the IRS Code? ☒ Yes ☐ No

Name of Responsible Manager of Organization (if different from above): __ Mark Ypsilantis (Tip
Certified) & Asst. Mgr. Christain Makredes (Tip Certified) _____

Address, phone & e-mail contact information: _____ 39 Maynard St. Arlington;
Cell-781-724-6973; mypsilantis@gmail.com _____

Has the Applicant or Organization applied for and/or been granted a special liquor license this
calendar year? ☐ No ☐ If so, please give date(s) of Special Licenses and/or applications and
title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what
location? _____ Yes, June 4,5,6,&7, 2015 _____

24-Hour contact number for Responsible Manager on Event date: _____ see above _____

Title of Event: _____ Arlington Greek Festival _____

Date/time of Event: _____ June 2,3,4 & 5, 2016 _____

Location of Event: _____ 4 Appleton St., Arlington MA _____

Location/Event Coordinator: _____ Dean Ioakimides _____

Method(s) of invitation/publicity for Event: _____ Banners, Flyers, Newspaper, Radio _____

Number of people expected to attend: _____ estimated 10,000 over 4 days _____

Expected admission/ticket prices: _____ No admission cost _____

Expected prices for food and beverages (alcoholic and non-alcoholic): _____ Beer \$6-\$7 & Wine

\$7(glass); \$20 (poured bottle); Food prices range from \$6 - \$20 _____

Will persons under age 21 be on premises? _____ yes _____

If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____ All bar patrons will be asked for government issued photo ID; Tip Certified bar attendant present at all times _____

Have you consulted with the Department of Police Services about your security plan for the Event? Yes

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Rabeau Date 5/11/16
OFC. Corey P. Rabeau
Printed name/title

POLICE COMMENTS:

Details will be assigned per security plan

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.) _____ Beer & Wine _____

What types of food and non-alcoholic beverages do you plan to serve at the Event? _____
_____ Greek Cuisine & pastries along with soft drinks & water _____

Who will be responsible for serving alcoholic beverages at the Event? _____ All servers are over 21 years of age and have over 10-15 years experience serving beer & wine at this event _____

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

_____ Bar Manager is Tip Certified _____

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age. _Mark Ypsilantis, Age 51 (DOB 4/22/1965); Randy Fassas, Age 54 (DOB 6/27/1962); Nick Ypsilantis, Age 58; (DOB 3/30/1958); Evan Ypsilantis, Age 56 (DOB 11/12/1959); Alexander Orphanos Age 26 (DOB 1/13/1990); Greg Orphanos, Age 57 (DOB 10/13/1958); Chris Ketcios, Age 51 (DOB 11/14/1964); Christian Makredes, Age 44 (DOB 8/26/1972); Nicholas Kriketos, Age 36 (DOB 8/5/1980)._____

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) ____AKG Distributors (Greek Beer & Wine) & ____
____Anheuser Busch_____

Date of Delivery: ____June 1, 2016_____

Alcohol Serving Time (s): __5-9pm Thurs 6/2; 12-10pm_Fri-Sun 12-10pm 6/3 thru 6/4__

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of? _____any excess beer or wine will be returned to the wholesaler for a credit or disposal

Date of Pick-Up: ____6/6/2016_____

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) _____see attached insurance documents _____

**Please submit this completed form and filing fee to the Board of Selectmen
at least 21 days before your Event. Failure to provide complete
information may delay the processing of your application.**

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature:_____

Printed name: ____Dean Iaokimides_____

Printed title & Organization name: __President-Parish Council; St. Athanasius the Great Greek Orthodox Church

Email: ____Dean@steveandsonsinc.com_____

Greek Festival 2016 - Security Plan

Event Dates: June 2, 3, 4 & 5

Thursday June 2, 5pm to 9pm

Friday June 3, 11am to 10pm

Saturday June 4, 11am to 10pm

Sunday June 5, 11am to 8pm

Saint Athanasius the Great Greek Orthodox church also known as the Greek Orthodox Church of Arlington believes in providing a safe, secure and pleasant experience for all that attend our annual Greek Festival. Below is our detailed plan for this year's event.

Crowd control

Police officers will be present at all times during the event. Police details will follow the current staffing plan as in previous years.

Only one bar will be located in the main tent right after the main food line. A photo copied driver's license of all listed bar tenders and a photo copy of certification of those who are all T.I.P.S. certified will be made so that it can be presented to the board of selectmen. At least one T.I.P.S certified volunteer will be present at all times at the bar area.

Thursday – June 2 Hours of Operation from 5:00pm – 9:00pm

Festival will open with limited scope; only Gyro, Souvlaki, Wraps and Bar sections will be open. We expect significantly lighter crowds during this night.

One officer posted at the main entrance to the tent 5:00pm – 9:00pm.

One officer providing overnight coverage from 11:00pm – 7:00am to ensure all products and vendor areas are secure.

Friday – June 3 Hours of Operation from 11:00am – 10:00pm

One officer posted at the main entrance to the tent 12:00pm – 10:00pm.

One officer patrolling the tent from 3:00pm – 11:00pm

One officer patrolling the Acton Place side 1:00pm – 10:00pm

Additional detail - Rank of Sargent or higher during posted hours of operation (per A.P.D. policy 3 or more details require a shift commander)

One officer providing overnight coverage from 11:00pm – 7:00am to ensure all products and vendor areas are secure.

Saturday - June 4 Hours of Operation from 11:00am – 10:00pm

One officer posted at the main entrance to the tent 12:00pm – 11:00pm.

One officer patrolling the tent from 12:00pm – 10:00pm

One officer patrolling the Acton Place side by the children's activity area from 1:00pm -10:00pm.

Additional detail - Rank of Sargent or higher during posted hours of operation (per A.P.D. policy 3 or more details require a shift commander)

One officer providing overnight coverage from 11:00pm – 7:00am to ensure all products and vendor areas are secure.

Sunday - June 5 Hours of Operation 12:00pm – 8:00pm

One officer posted at the entrance to the tent 12:00pm – 8:00pm.

One officer patrolling the tent area in the vicinity of the bar area 12:00pm – 8:00pm.

No overnight coverage required.

Cash Handling will be handled by St. Athanasius the Great Parish Council Treasurers. Random times will be selected and all deposits will be coordinated with the Arlington Police Department to ensure the proper escort is provided. Further details can be given to the Arlington Police Department once they are on site.

Dealing with unruly patrons

Any patron of the St. Athanasius the Great Greek Festival will be spoken to by a authorized manager of the event with the presence of a Arlington Police officer. Once the situation is assessed and it is determined that the person or persons are no longer welcomed at the Greek festival they will be asked to leave St. Athanasius property.

Emergency evacuations

In the event of an emergency situation or natural disaster all patrons and volunteers will be instructed to seek safe shelter in the lower level of St. Athanasius the Great Church and the lower level of 10 Acton Street (St. Athanasius School building). All St. Athanasius volunteers will be instructed by the event manager along with the board of directors to direct all patrons to safe shelter points.

Traffic/parking considerations

A request is formally made to the Arlington Board of Selectmen each year to turn Appleton place into a one way starting on Friday, June 3, 2016 – Sunday June 5, 2016. The one way will go from Massachusetts avenue towards Quincy street. Signage is provided from the Arlington DPW for all streets leading to Appleton Place. These streets include but are not limited to: Burton Street, Fresenden, Acton, Quincy, Massachusetts Avenue and Appleton Place.

Parking along the side of the church on Appleton Place from Massachusetts Avenue to the first entrance of the church parking lot will be reserved for people with state issued handicap plates. St. Athanasius the Great will provide all handicap parking signs for the areas indicated above.

The upper church parking lot and on street parking will be primarily used for this event. All abutters will receive advanced notices as in years past. Signage at the entrances to the tent will give all patrons advance notice to respect parking regulations in the neighborhood and the Town of Arlington.

Controlling access to alcohol by under aged persons.

A bar manager will be present at all times during the event. T.I.P.S. certified staff will be present at all times and will ensure proper polices and state laws are being adhered to. At any time St. Athanasius and its bar staff reserve the right to stop the sale of alcohol to any persons who do not have a state issued license or if the bar tender (using his training skills) does not feel comfortable serving a patron. All patrons looking to purchase alcohol will be asked to provide proper state issued identification. All alcohol will be secured and only bar managers will have authority to control inventory. Persons 21 or older will only be served alcohol per Massachusetts State Law.

Only one bar will be located in the main tent right after the main food line. A photo copied driver's license of all listed bar tenders and a photo copy of certification of those who are all T.I.P.S. certified will be made so that it can be presented to the board of selectmen. At least one T.I.P.S certified volunteer will be present at all times at the bar area.

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 2.0

provided by Health Communications, Inc.
is hereby granted to:

Mark Ypsilantis

For coursework completed on May 31, 2015

Certification documents to be sent to:
39 Maynard St, Arlington, MA 02474-2317



HEALTH COMMUNICATIONS INC.

This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.





National Restaurant Association
EDUCATIONAL FOUNDATION

Designated Server

Date 5/3/2005

No. 4350408

ID Number 3122663

TASOS GEORGACOPOULOS

As a Bar Code® professional, I am trained in
safe and responsible beverage alcohol service.

A handwritten signature in cursive script.

Mary M. Adell, President and Chief Operating Officer
National Restaurant Association Educational Foundation



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/04/2016

PRODUCER (212) 406-4004
Compass Rose Services, Inc.80 Maiden Lane, Room 701
New York, NY 10038-INSURED
St. Athanasios The Great Greek Orthodox Church4 Appleton Street
Arlington, MA 02476-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Great American Ins Co

16691

INSURER B: Fireman's Fund

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	PAC 0255589	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Liq Liab Agg \$3000000		/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
			/ /	/ /	GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	Liquor Liability 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		/ /	/ /	
	<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	
	<input type="checkbox"/> GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
			/ /	/ /	AUTO ONLY: AGG \$
B	<input type="checkbox"/> EXCESS / UMBRELLA LIABILITY	SSE-000-3218-1992	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DEDUCTIBLE		/ /	/ /	\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000		/ /	/ /	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	/ /	/ /	E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
	OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Below Certificate holder, for the period May 30, 2016 through June 12, 2016 including set up and take down, with regard to the Greek Food Festival, being held on 6/2/16, 6/3/16, 6/4/16, and 6/5/16 is added as an additional insured.

CERTIFICATE HOLDER

() - () -
Town of Arlington
730 Massachusetts Avenue
Arlington, MA 02476-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/04/2016

PRODUCER (212) 406-4004
Compass Rose Services, Inc.80 Maiden Lane, Room 701
New York NY 10038-INSURED
St. Athanasios The Great Greek Orthodox Church4 Appleton Street
Arlington, MA 02476-

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INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Great American Ins Co

16691

INSURER B: Firemans Fund Ins Co

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY	PAC 0255589	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 1,000,000
	X	COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$
				/ /	/ /	PERSONAL & ADV INJURY \$ 10,000
				/ /	/ /	GENERAL AGGREGATE \$ 3,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PRODUCTS - COMP/OP AGG \$ 3,000,000
	X	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	Liquor Liability 1,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
		ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
		ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
		SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
		HIRED AUTOS		/ /	/ /	
		NON-OWNED AUTOS		/ /	/ /	
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
		ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
				/ /	/ /	AUTO ONLY: AGG \$
B		EXCESS / UMBRELLA LIABILITY	SSE-000-3218-1992	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 10,000,000
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>		/ /	/ /	AGGREGATE \$ 10,000,000
		DEDUCTIBLE		/ /	/ /	\$
	X	RETENTION \$ 10,000		/ /	/ /	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N		/ /	/ /	E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Below Certificate holder, for the period May 30, 2016 through June 12, 2016 with regard to the beer dispensing trailer, to be used during the Greek Food Festival being held on 6/2/16, 6/3/16, 6/4/16, and 6/5/16.

CERTIFICATE HOLDER

() - () -
August A. Busch & Co.
of MA Inc.
440 Riverside Avenue
Medford, MA 02155-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVEACORD 25 (2009/01)
INS025 (200901)

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/04/2016

PRODUCER (212) 406-4004
Compass Rose Services, Inc.

80 Maiden Lane, Room 701
New York, NY 10038-

INSURED
St. Athanasios The Great Greek Orthodox Church

4 Appleton Street
Arlington, MA 02476-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Great American Ins Co

16691

INSURER B: FIREMAN'S FUND

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY	PAC 0255589	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$ 10,000
		<input checked="" type="checkbox"/> Liq Liab Agg \$3000000		/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	GENERAL AGGREGATE \$ 3,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	PRODUCTS - COMP/OP AGG \$ 3,000,000
				/ /	/ /	Liquor Liability 1,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS		/ /	/ /	
		<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	
				/ /	/ /	
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
				/ /	/ /	AUTO ONLY: AGG \$
B		EXCESS / UMBRELLA LIABILITY	SSE-000-3218-1992	03/06/2016	03/06/2017	EACH OCCURRENCE \$ 10,000,000
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE \$ 10,000,000
		<input type="checkbox"/> DEDUCTIBLE		/ /	/ /	\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000		/ /	/ /	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		/ /	/ /	E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$
				/ /	/ /	
				/ /	/ /	
				/ /	/ /	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Below Certificate holder, for the period May 30, 2016 through June 12, 2016 as respects use of their facility for Greek festival, being held on 6/2/16, 6/3/16, 6/4/16, 6/5/16, is added as an additional insured.

CERTIFICATE HOLDER

() - () -
The Ottoson Middle School
63 Acton Street
Arlington, MA 02476-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to provide 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)
INS025 (200901)

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DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



Town of Arlington, Massachusetts

Request: Use of Jefferson Cutter Lawn, 5/21/16 for Jimmy Fund Fundraiser

Summary:

AHS Scoops Club, Shivam Rastogi

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Ref_Mat_5.16.16_AHS_Scoops_Jimmy_Fund.pdf	Request-AHS Scoops and Food Permit

To,
The Arlington Selectmen,
730 Massachusetts Ave,
Arlington, MA-02476


SUB: Request for permission to use 611 Mass. Ave.,
on May 21st, from 10:30-5:00, as a venue for a fundraiser

Dear Selectmen,

Last year, on May 16th, 2015, a group of proactive students at Arlington High School committed to raising money with the Jimmy Fund for cancer research, put on a town-wide ice cream fundraiser. The event, inspired by Boston's own Scooper Bowl, consisted of a day-long ice cream festival in the Jefferson Cutter House lawn during which we scooped our hearts out to raise money for research and care at the Dana-Farber Cancer Institute (DFCI) in Boston. The majority of our donation to DFCI came from the \$5 entry fee to the all-you-can-eat event. Our goal was to inspire community support for the cause and to raise money for DFCI, especially since several members of our community are currently battling cancer. We raised \$4,000 for the Jimmy Fund.

This year, we are hoping to put on the same fundraiser, so we can continue uniting Arlington in the fight against cancer. We request that you allow us a permit to use the Jefferson Cutter House lawn from 10:30AM - 5:00PM on May 21st as the venue for our event, as the lawn is ideal due to its easy visibility and through traffic. We thank you greatly for your support and consideration!

Most Sincerely,



Shivam Rastogi
The AHS Scoops Club
617-852-4059
srastogi2016@spyponders.com

Town of Arlington
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH



FOOD OPERATOR
TEMPORARY PERMIT

Permit No...2016-031...

Date: May 21, 2016

In accordance with regulations promulgated under authority of Chapter 94, Section 305A and Chapter 111, Section 5 of the General Laws a permit is hereby granted to:

AHS Scoops Club
869 Mass Ave, Arlington, MA 02476
PIC: Shivam Rastogi

To operate a:

- ☐ Retail Food Establishment
- ☐ Food Service Establishment
- ☐ Catering Establishment
- ☐ Mobile Food Server
- ☒ Temporary

Event Located at:

Jefferson Cutter House, 611 Mass Ave, Arlington, MA 02474

Menu includes:

Ice Cream, Toppings (M&Ms, Jimmies, Chocolate Sauce, etc.), Brownies *No Nut Products*

Permit Expires5/21/2016...

Fee: \$25.00

A handwritten signature in cursive script, reading "Christine M. Bongiorno".

.....

Christine M. Bongiorno
Director of Health and Human Services



Town of Arlington, Massachusetts

Tree Warden

Summary:

Adam W. Chapdelaine, Town Manager

ATTACHMENTS:

Type	File Name	Description
▣ Correspondence	MEMO_Tree_Warden_5_16_16.pdf	Memorandum to Board
▣ Backup Material	Tree_Warden_Resume.pdf	Resume



**Town of Arlington
Office of the Town Manager**

Adam W. Chapdelaine
Town Manager

**730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us
Website: www.arlingtonma.gov**

To: Board of Selectmen

From: Adam W. Chapdelaine, Town Manager

RE: Tree Warden Appointment

Date: May 12, 2016

Pursuant to Section 25 of the Town Manager Act, the Town Manager appoints a Tree Warden subject to the approval of the Board of Selectmen. Also, as the Board may recall, the FY 2016 budget included funding for a part-time (24 hours/week) Tree Warden position. This was a change from the Tree Warden position formerly being treated as a stipend position being assigned to DPW Operations Manager, Jim Dodge.

The Town proposed the expansion of hours for this position based on increasing demand within the community for tree maintenance and planting. The core responsibilities expected of this position are as follows:

- Serve as Tree Committee Liaison
- Serve as Public Utility Liaison - Oversees utility arboricultural operations
- Contact with Public
- Development of long term plan for increasing tree canopy
- Advocate for trees within Town departments and with public
- Prepare tree-related budgets for use by Director
- Plan Town seasonal public tree plantings
- Manage the removal of dead or dying trees and the pruning process for town trees
- Conduct Town tree hearings
- Assist the Town in development of expanded tree inventory
- Work to maintain Arlington as a Tree City USA
- Write grant proposals

After a lengthy recruitment process, the Town has made an accepted offer to Mr. Timothy Lecuivre to serve as the Town's new Tree Warden. As you can see from his attached resume, Mr. Lecuivre has extensive experience in the field of arbor care, and I feel that he will make a great addition to the Town's team. Also, though he currently doesn't live in Town, Mr. Lecuivre is an Arlington native.

I look forward to introducing Mr. Lecuivre to the Board at Monday's meeting and I request the Board's favorable action on his appointment.

TIMOTHY A. LECUIVRE

Profile: Highly motivated, positive attitude, outgoing and focused individual with outstanding communication, interpersonal, and time management skills combined with a proven ability to supervise a team according to tree care industry standards.

Objective: Seeking a position with the ability to care for trees, plants and other arboricultural aspects in an urban landscape/environment.

Skills:

- Strong background in Plant ID, Plant Pathology, Entomology, Cultural and Nutrient Deficiencies
- Local Office Safety Coordinator
- Tree risk assessment & evaluation
- Communicates and educates effectively with crews
- Communicates and educates effectively with clients
- Strong writing and communication skills
- IPM/PHC Specialist
- Proven skills as a Certified Arborist with a deep knowledge of climbing, pruning, planting, removals, bucket operator, mixing, handling & applying pesticides and fertilizers
- Understanding the ANSI Z133 safety standard, ANSI A300 arboricultural standard, the operation and safety regulations of truck, heavy equipment and area lifts

Experience:

Bartlett Tree Experts

Jan 2016 – Present

Production Arborist Crew Leader/IPM-PHC Specialist

- Climbing Arborist Foreman & bucket operator
- Local Office Safety Coordinator
- Secure shop and work zone according to OSHA
- Plant healthcare specialist, diagnosing, organizing and treating plants for insects pests, pathogens and cultural deficiencies
- Pruning shade trees, ornamentals & shrubs as well as the removal of like
- Documentation of work orders & DOT Compliance forms
- Review and follow up with clients

Matthew R. Foti Tree & Landscape Service

March 1996 – Jan 2016

Production Arborist Crew Leader/IPM-PHC Technician

- Running crews between 2-8 people
- Climbing Arborist Foreman & bucket operator
- Specializing in pruning of shade trees, ornamentals and shrubs according to industry standards
- Removing, planting and transplanting trees and shrubs according to industry standards
- Cabling and bracing trees according to industry standards
- Diagnosing and treating plants for insect pests & pathogens and cultural problems
- Identifying and managing invasive plant species
- Assessing plants for soil amending/fertilizer treatments
- Collecting live tissue, root and soil samples for diagnostic lab testing
- Understanding urban stress on trees involving compacted soils, micro/macro nutrient deficiencies as well as draught stress conditions
- Air spading and root collar excavation as well as root pruning
- Special projects included tree inventory, street tree evaluation including hazardous risk assessment, holiday tree decorating throughout the Boston and surrounding suburb area
- Performing vertical mulch techniques
- Designing all organic programs
 - Compost tea brewing and application
 - Applying microscopic nematodes
 - Release of beneficial insects

Mount Auburn Cemetery
Climbing Arborist

April 1993 - August 1995

- Pruning shade trees, ornamentals, shrubs
- Cabling and bracing
- Treating plants for insects and disease issues
- Fertilizing trees and shrubs
- Up keep with the esthetic beauty and integrity of the arboretum/cemetery
- Respected and interacted with the visiting public

Education:

- University of Massachusetts Amherst- Bachelors of Science in Urban Forestry
- Stockbridge School of Agriculture, Amherst MA- Associates Degree of Science in Agriculture & Park Management
- Minuteman Regional Vocational Technical High School, Lexington MA- Horticulture

Certifications:

- Massachusetts Certified Arborist #2107
- IPM/PHC Specialist
- Mauget Micro Injection Certificate
- Massachusetts Pesticide Applicators License
- Class B CDL Driver's License with Airbrake Endorsement
- MAA Member
- Certificate in Horticulture

Professional Development:

- MAA dinner lectures (on going)
- MAA Safety Saves Seminar
- New England Grows conference & lectures attendee (on going)
- Electrical hazard training
- Commonwealth of Massachusetts MDAR trainings
- UMASS Extension School trainings
- Participant of MAA Arbor Day of Service



Town of Arlington, Massachusetts

Information Technology Advisory Committee

Summary:

Stephen Revilak
(term to expire 5/2019)

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Revilak_appt._to_ITAC.pdf	ITAC Committee Recommendation, Revilak resume, Meeting notice

From: "David Good" <DGood@town.arlington.ma.us>
To: "Marie Krepelka" <MKrepelka@town.arlington.ma.us>
Cc: "Adam Chapdelaine" <achapdelaine@town.arlington.ma.us>
Date: 03/22/2016 05:44 PM
Subject: Appointee to ITAC Committee

Hi Marie,

There are usually 5 ITAC Committee members appointed by the Selectman. We lost one of our appointees about a year ago and have not had much interest in the vacant spot. Over the past 6 months Town Meeting Member Steve Revilak has joined the Committee for its monthly meetings and has proven to be a pleasant addition to the group. Could you please mention to the Chair that I would like to recommend that we appoint Steve a permanent member before he gets away. Steve has a technical background as a developer and I have asked him to send me a copy of his resume.

Stephen A. Revilak
111 Sunnyside Avenue
Arlington, MA 02474
(781) 648-1083
steve@srevilak.net

Professional History

Ab Initio, Lexington, MA — *Software Developer*

- 11/2013 - current.
- Designed, implemented, and tested components for distributed data processing systems.

KAYAK, Concord, MA — *Reverse Engineer*

- 2/2004 - 10/2013.
- Designed Java components for use in distributed web applications.
- Implemented Kayak's business intelligence data warehouse, reporting systems, and data ingestion systems.
- Designed and implemented back-office automation services, to integrate data from Kayak's CRM, advertising, and Business intelligence systems.
- Finally, I've done the usual set of things that you'd expect employee #9 at a startup company to do: firewall configuration, Linux administration, babysitting a variety of network services, and occasionally emptying the dishwasher.
- Why is my title "Reverse Engineer"? It's really a play on words: I like to tinker with things to figure out how they work.

Intuit, Waltham, MA — *Software Developer, Release Engineer*

- 1/2000 - 2/2004.
- Designed, implemented, and tested low-level component libraries for use by business units across Intuit.
- Responsible for administration and configuration of 60+ Solaris machines in 6 deployment environments.
- Served as a member of the development team for QuickBooks Site Solutions. Managed domain name renewals for 75,000 web sites.

Newbury Sound Inc, Boston, MA — *Recording Engineer, Chief Engineer*

- 12/1993 - 1/2000.
- Recorded, mixed, and/or mastered several hundred recording projects, done in collaboration with a wide range of clients.
- Provided creative assistance to recording artists.
- Involved in the diagnosis, troubleshooting, and repair of studio equipment. Also assisted in installation of facility upgrades.
- Performed additional duties such as billing, inventory management, and client relations.

WUMB-FM, Boston, MA — *Producer, Board Operator*

- 1/1994 - 6/2004.
- Held the responsibility of maintaining the quality of the on-air signal and keeping station logs during weekend overnights.

- Screened, prepared, and cataloged regularly-aired syndicated shows; varying from 15 - 30 hours of material per week.
- Produced and scheduled promotional spots, participated in fundraising events, and took part in the administration of WUMB's audio servers.

Education

University of Massachusetts Boston

- Attended 9/2006 - 12/2011. Final CGPA: 4.00
- Awarded PhD in Computer Science.
- Dissertation: Precisely Serializable Snapshot Isolation.

University of Massachusetts Boston

- Attended 1/2001 - 5/2003. Final Graduate CGPA: 3.93.
- Awarded MS in Computer Science.
- Graduate Project: "Mayan Translation Assistant", a java GUI application written to assist users in identifying Mayan Hieroglyphs.

University of Massachusetts Boston

- Attended 5/1998 - 12/2000. Final Undergrad CGPA: 3.98.
- Awarded Major Certificate in Computer Science (BA equivalent for math and CS courses).

Berklee College of Music

- Attended 9/1989 - 12/1992. Final CGPA: 3.85.
- Awarded BM in Music Production and Engineering.

Pennsylvania State University

- Attended 9/1988 - 5/1989. CGPA: 3.94.

Other Minutiae

- Submitted and tested patches for several open source software products.
- Affiliate, IEEE Computer Society.
- Member of ACM and SIGMOD.
- Member, Free Software Foundation.
- Good written and verbal communication skills. Excellent organizational skills.
- At KAYAK, I interacted heavily with the Business Operations and Finance teams. I speak reasonably fluent finance.
- I used to be a pretty decent guitar player. I don't play much these days, but I can still bang out the guitar riffs to Smoke on the Water and White Room.
- I enjoy cycling, and I'm a decent amateur bike mechanic.

OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR
DIANE M. MAHON, VICE CHAIR
DANIEL J. DUNN
STEVEN M. BYRNE
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 9, 2016

Stephen A. Revilak
111 Sunnyside Avenue
Arlington, MA 02474

Re: Appointment: ITAC

Dear Mr. Revilak:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2nd Floor, 730 Massachusetts Avenue, on Monday, May 16th at 7:00 p.m.

It is a requirement of the Board of Selectmen that you be present at this meeting. Your presence will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

Please contact this office to confirm the date and time with either Mary Ann or Fran at the above number.

Thank you.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington, Massachusetts

Dangerous Dog Hearing Requested

Summary:

Rachel Sampson, 37 Decatur Street

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Sampson_e-mail.pdf	Correspondence from Rachel Sampson

From: sammi31424@yahoo.com
To: "mkrepelka@town.arlington.ma.us" <mkrepelka@town.arlington.ma.us>
Date: 05/10/2016 09:54 PM
Subject: Request for Dangerous Dog hearing

Hello Ms Krepelka,

I am writing because of a vicious dog attack that happened on April 23, 2016 on Gardner St in Arlington. A police report has been filed and the Animal Control Officer has been engaged with the investigation.

I did call the town Selectmen's office last week, but have delayed in writing this request due to the fact that my dog has been in and out of the hospital since the incident and has had multiple surgeries. My life has been literally consumed by his extensive care and trying to balance my everyday obligations. It has been the most stressful my life has ever been.

At 2:00 in the afternoon on April 23rd, I was walking my two small dogs on the sidewalk of Gardner St. As we approached the sidewalk in front of 50 Gardner St, a brown and white Pitbull/bulldog type of dog came running out of the gate to the backyard of the home. The dog immediately came after my dog Max and started to attack. What happened next is the most disturbing thing I have ever witnessed. The dog started to rip and pull at Max's back and quickly I saw blood and flesh being torn. I tried to reach the dog and kick it away, but I couldn't get to him and it only made him tear Max more. He also began thrashing Max from side to side, and legitimately I ended up playing tug of war with my dog as I watched his back get torn off. My fear was that if I let go the dog would run off with him and kill him instantly. The dog ended up pulling us into the road where a car had stopped before hitting us. I began screaming frantically for help as loud as I could and, by the grace of God, a few neighbors came running out and scared the dog off. The dog then ran back into his yard and a neighbor closed the gate. She did go knock on the door and tell the homeowner what had happened. It is my understanding he did not hear a thing due to his hearing impairment.

I received a ride to my house where I then rushed Max to Massachusetts Veterinary Referral Hospital in Woburn, Ma.

The emergency doctors that day, and surgeons since, have all stated that my dog is lucky to be alive. The only reason he will survive is because of his extra weight let him withstand the puncture wounds on both of his sides and the fact that the mauling was stopped when it was. He has been in agony the past few weeks and still has a very long road of healing ahead of him. As I stated previously, he has returned to the hospital almost everyday with an issue such as fevers, vomiting, and bleeding through his body bandages.

I request a dangerous dog hearing for this dog that did not just show aggression or simply bite my dog, but literally mauled my dog and had zero intention of stopping. It is unsafe to do nothing and unfair to this neighborhood to be in fear of another attack. I walk with my 2 year old Godson from time to time. This could have been a child. It is the unthinkable.

I thank you for your time and will be standing by waiting for any information you can relay.

Best,

Rachel Sampson
37 Decatur St
Arlington. Ma
781-640-2539



Town of Arlington, Massachusetts

Next Scheduled Meeting of BoS May 23, 2016